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**TESTIMONY BEFORE THE APPROPRIATIONS COMMITTEE CONCERNING
SEVERE DEPARTMENT OF SOCIAL SERVICES PROCESSING DELAYS AND
ACCESS PROBLEMS, NEED FOR ADDITIONAL STAFFING**

Good evening, Senator Bye, Rep. Walker and other members of the Appropriations Committee. I am Sheldon Toubman, a staff attorney with New Haven Legal Assistance who has specialized in the representation of Medicaid and other Connecticut state benefit clients for 23 years. I am here to address some of the problems that my clients routinely face as they try to obtain or keep essential health and other benefits.

First, I do want to acknowledge that the Department of Social Services (DSS) deserves substantial credit for the efforts it has made at modernization through the ConneCT upgrades. Moving to electronic files which can readily be accessed by DSS staff throughout the state is an important advance, as is the centralized scanning system. All of this has been a challenge for this large agency, and we are pleased to see that these steps have been completed. Unfortunately, there are **insufficient human resources to allow these technological advances to succeed.**

Largely as a result of insufficient staff:

1. Applications for benefits go unresolved for months after the deadlines under federal law.
2. Eligible individuals are regularly cut off of Medicaid and other benefits after timely submitting completed redetermination papers because overwhelmed DSS workers cannot process them in time to stop automatic terminations. Although DSS can now identify a redetermination form as having been submitted for a particular client, it has not prioritized the processing of timely-submitted forms so that eligible individuals will cease to be terminated after having done everything right.
3. Individuals unable to get action on their applications, wrongly cut off benefits or just trying to fulfill their obligations to notify DSS of material changes are unable to reach anyone for help at the call centers, where delays of over an hour or two hours are routine. I have even heard of waits of 5 hours.

For individuals with cell phones with limited minutes as their only telephone service, such waits are prohibitive, as they are for individuals not allowed to

take long periods off of work to be on hold. These waits effectively bar access, even more completely than the delayed return phone calls under the former regional office/assigned worker system.

4. Lacking sufficient staff in the regional offices to meet with clients, individuals seeking to apply only for Medicaid are often turned away by DSS employees and sent to Access Health-CT navigators and assisters to apply for Medicaid through that system instead -- whether or not those Access Health staff-members are located in the same DSS office.

The primary reason for the delays and waits at DSS is simple: there are not enough human beings to process the paper submitted and scanned, to talk to individuals who have called the call centers, or to help individuals appearing at the regional offices. Indeed, the call centers, according to DSS's own design, were supposed to have 240 staff, but recent figures indicate they have only about 176-- on their **best** days -- and usually have far fewer staff, as individuals are diverted to other severely under-staffed parts of the DSS system.

A quick review of the historical staffing numbers tells the story: In July of 2002, DSS's total eligibility staff was comprised of **845** line workers. (December, 2004 Report of Legislative Program Review & Investigations Committee, at 63 (available at http://www.cga.ct.gov/2004/pridata/Studies/pdf/Medicaid_Final_Report.pdf).

Over the years, these numbers dropped substantially to below 600 workers, even as caseloads increased. Then, in 2012, under threat of litigation from processing delays for Medicaid and SNAP applications, the administration approved the hiring of an additional 220 workers. But, since then, there has been substantial attrition.

According to recent union figures, the total number of workers is now only about **857**, including the staffing of the call centers plus regional processing centers and regional offices, and eligibility processing staff in the central office. This is about the number of workers the agency had **12 years ago, before caseloads skyrocketed**.

- During this same twelve year period, DSS's caseloads have been steadily increasing at a substantial rate, including a **doubling** of the Medicaid population.¹ The SNAP enrollment also has **doubled**.
- 12 years ago, there were about 13,000 Medicaid applications per month; today, there are about 23,000 applications per month, about a 77% increase

Although DSS stated for years before rollout of ConneCT that additional staffing would not be needed because ConneCT would solve the access problems, that

¹ In 2001, DSS dealt with about 325,000 Medicaid (plus 20,000 SAGA medical) enrollees. *See* Department Of Social Services, Assistance Units and Recipients, Average Monthly By Town, State Fiscal Year 2001, at 5 (Statewide). Today, it has over 630,000 Medicaid enrollees. *See* October 11, 2013 DSS Quarterly Eligibility Report to Council on Medical Assistance Program Oversight.

modernization process is now essentially complete and has been for months (the remaining step, on-line DSS applications, will help very little because DSS workers must still manually type all of the information submitted on-line into the outmoded DSS eligibility management system, EMS). Unfortunately, severe delays and waits persist for our clients, and, in some cases, as in the case of telephone access, they have gotten worse.

Eventually, worker efficiency may increase when the EMS system is replaced in 2 or 3 years. But needy families and individuals cannot wait until EMS is replaced for DSS's call centers, processing centers and regional offices to be functional and accessible to them; they need benefits for basic survival and health **now**.

The Governor's budget issued February 6th includes a proposal for hiring of 66 new staff beyond the number already authorized (a total of 103, including unfilled previously-authorized positions). This is a good step in the right direction and we very much appreciate that movement. But this is not enough to meet the severe need, when DSS is down by about that many staff just for the call centers.

In sum, while DSS should be lauded for its hard work in bringing modernization to its systems, that modernization has in general not helped our clients. Most of the effort is for naught without sufficient staffing to make these systems work. While some other changes are no doubt also appropriate, substantially increased staffing must be part of the solution.

Thank you for hearing our concerns this evening.